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OLMS DRDA  
MAY 17 2006  
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Name of Person Filing Robert Spears	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="National Elevator Education Program"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="11 Larson Way"/></p> <p>City <input type="text" value="Attleboro Falls"/></p> <p>State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="02763"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="See Attached"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <table><tr><td>Apprentice Instructor Salary.....</td><td>\$10,360.00</td></tr><tr><td>parts reimbursement.....</td><td>\$28.54</td></tr></table> <p>12.b. Amount. <input type="text" value="\$10,389"/></p>	Apprentice Instructor Salary.....	\$10,360.00	parts reimbursement.....	\$28.54
Apprentice Instructor Salary.....	\$10,360.00				
parts reimbursement.....	\$28.54				

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

### LM-30 Attachment

Name: Robert Spears

Ending date of report period: 12/31/05

LM-30 File Number: To be assigned

#### LM-30 Item Number

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

Name of Person Filing Robert Spears

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Elevator Industry Work Preservation fund

Trade Name, if any: EIWPF

P.O. Box, Bldg., Room No., if any

Street 12914 Erlene Dr.

City Chester

State Virginia ZIP Code + 4 23831

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

See Attached

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Training and Meeting Expences.....\$468

## 12.b. Amount.

\$468

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Name: Robert Spears

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name RGS Cleaning

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8210 Wilson Ave.

City Baltimore

State Maryland ZIP Code + 4 21234

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Janitorial Services

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Bi-Weekly cleaning of Locals Office.....\$1,800

## 12.b. Amount.

\$1,800

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## 8. Name and address of Business (including trade name, if any).

Name National Elevator Industry Benifit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 Campus Blvd.

City Newtown Square

State Pennsylvania ZIP Code + 4 19073

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

See Attatched

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Trustee Meeting Expence.....\$2,142.50

## 12.b. Amount.

\$2,143

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Name: Robert Spears

Ending date of report period: 12/31/05

LM-30 File Number: To be assigned

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